

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale ARCH	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797	Inspection Date: September 24, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1, SCG #2, & SCG #3 – No record of PCG training available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG trained ,</p> <p>SCG # 1</p> <p>SCG # 2</p> <p>SCG # 3</p>	<p>9/26/19</p> <p>9/29/19</p> <p>10/5/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, & SCG #3 – No record of PCG training available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will re-training all my substitute Caregiver before they can start working with my residents in ordered they can give the good care of each resident. to prevent deficiency from happening in the future.</i></p> <p><i>attached a copy of substitute training</i></p>	<p><i>9/20/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No signed physician's orders available for the following:</p> <ul style="list-style-type: none"> • Warfarin 3mg tab 2 tabs only today then 1.5 tab daily. Initialed on Medication Administration Record (MAR) as given 9/10/18-9/12/18. Indicated on MAR as discontinued on 9/13/18. • Warfarin 3mg tab 2 tabs only today then 1.5 tab daily. Initialed on MAR as given 9/13/18. Indicated on MAR as discontinued on 9/13/18. • Warfarin 3mg tab 1 ½ tab daily. Initialed on MAR as given 9/14/18-9/18/19. Indicated on MAR as discontinued 9/14/18. • Warfarin 3mg tab 1 ½ tab daily except Wednesday. Initialed on MAR as given 9/20/18-9/25/18, 9/27/18-9/29/18. Indicated on MAR as discontinued 9/30/18. • Warfarin 3mg tab 2 tab q Wednesday. Initialed on MAR as given 9/19/18 & 9/26/18. No discontinuation date indicated on MAR. • Warfarin 3mg tab 2 tab q Wednesday. Not initialed as given. No discontinuation date indicated on MAR. <p>Continued on next page...</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Telephone ordered completed and documented and place in file of resident #1</i></p> <p><i>a Hatched a copy.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No signed physician's orders available for the following:</p> <ul style="list-style-type: none"> • Warfarin 3mg tab 2 tabs only today then 1.5 tab daily. Initialed on Medication Administration Record (MAR) as given 9/10/18-9/12/18. Indicated on MAR as discontinued on 9/13/18. • Warfarin 3mg tab 2 tabs only today then 1.5 tab daily. Initialed on MAR as given 9/13/18. Indicated on MAR as discontinued on 9/13/18. • Warfarin 3mg tab 1 ½ tab daily. Initialed on MAR as given 9/14/18-9/18/19. Indicated on MAR as discontinued 9/14/18. • Warfarin 3mg tab 1 ½ tab daily except Wednesday. Initialed on MAR as given 9/20/18-9/25/18, 9/27/18-9/29/18. Indicated on MAR as discontinued 9/30/18. • Warfarin 3mg tab 2 tab q Wednesday. Initialed on MAR as given 9/19/18 & 9/26/18. No discontinuation date indicated on MAR. • Warfarin 3mg tab 2 tab q Wednesday. Not initialed as given. No discontinuation date indicated on MAR. <p>Continued on next page...</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will use a calendar or posting reminder on the chart of the resident for the next appointment. I'll let MD/APRN sign it the telephone ordered to ensure the ordered are correct.</i></p> <p><i>Attached a copy</i></p>	<p><i>10/15/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No Primary Care Giver (PCG) admission assessment available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Complete the Admission assessment Resident #1 and put in his chart</i></p>	<p><i>9/24/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No Primary Care Giver (PCG) admission assessment available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will refer to the check list all future admission to prevent this deficiency from happening Attached a copy of Admission Assessment</i></p>	<p><i>10/20/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency data sheet not current.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Corrected the Emergency resident information Resident # 1</i></p>	<p><i>9/24/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS Resident #1 – No exact rate for services available indicated on signed GOP.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Corrected monthly payment Resident #1 AMHD Level III. \$ 5095.40</i></p>	<p><i>9/24/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Cardboard boxes partially obstructing exit path to area of refuge.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Removed all the boxes obstructing the exit path area of refuge</i></p>	<p><i>9/25/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date						
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills conducted on 3/2/19 and 7/2/19 do not indicate a start or end time.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected Fire drill Conducted:</p> <table><tr><td>Started</td><td>Time End</td></tr><tr><td>3/15/19 6pm</td><td>6:15pm</td></tr><tr><td>7/2/19 9:00 AM</td><td>9:15 AM</td></tr></table>	Started	Time End	3/15/19 6pm	6:15pm	7/2/19 9:00 AM	9:15 AM	9/25/19
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3/15/19 6pm	6:15pm								
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Toilet paper and paper towels unavailable in resident #1's bathroom.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Refill toilet paper and paper towel in the bath room</i></p>	<p><i>9/24/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Toilet paper and paper towels unavailable in resident #1's bathroom.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I and my substitute will check always in the bath room if we need to refill the paper towel and toilet paper. To prevent from happening in the future</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Items not belonging to resident's being stored in resident's closets.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Removed commode at the closet of the resident room not belong to him and put in the storage</i></p>	<p>9/25/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Items not belonging to resident's being stored in resident's closets.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will post a reminder by the closet of the resident not putting anything not belong to the resident closet. To prevent happening in the future</i></p>	<p>10/20/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(C)</p> <p>Bedrooms:</p> <p>Floor space:</p> <p>In all Type I ARCHs and those undergoing construction or renovation, closet space for residents shall be provided within the bedroom, allowing a minimum of thirty inches in width, twenty inches in depth, and five feet in height per person exclusive of bedroom space;</p> <p><u>FINDINGS</u> Resident #1 – Closet doorway obstructed with television stand/dresser and television.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Removed Television and dresser in the closet door way</i></p>	<p>9/25/19</p>

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Licensee's/Administrator's Signature: Belma A. Ragulindin

Print Name: Belma A Ragulindin

Date: 10/24/19